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MEYERTONS, H P.C. P.O. BOX 398	OOD, KIVLIN, KO	WERT & GO	ETZEL,	Cer I hereby certify that th States Postal Service v addressed to the Mail	tificate of Mailing or Trans	g deposited with the United est class mail in an envelope above, or being facsimile
AUSTIN, TX 78767-0398 / JAN 2 4 2005				Jeffrey C. Hood (Depositor's name)		
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FC:1501 1400.00 FC:8001 30.00		THE STATE OF THE S	The state of the s		1/18/2005	(Date)
APPLICATION NO.	FILING DATE	HRST NAMED IN		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/702,357 10/30/2000			Stefan Klemens Muller		5150-45700	1650
TITLE OF INVENTION: N MEMORY-MANAGEMENT	METHOD FOR THE DIF TUNIT (MMU)	RECT CALL OF	A FUNCTION	BY A SOFTWARE MC	DDULE BY MEANS OF	A PROCESSOR WITH A
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$ 1370	1400	\$0	\$ 1370 (400	01/26/2005
EXAMI	EXAMINER		IT	CLASS-SUBCLASS		
TRUONG, LECHI		2126		709-310000		
CFR 1.363). Change of correspondence address (or Change of Corresponder Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED PLEASE NOTE: Unless an assignee is identified below, no assignee of this form is precordation as set forth in 37 CFR 3.11. Completion of this form is			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ON THE PATENT (print or type) The data will appear on the patent. If an assignee is identified below, the document has been filed for			
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
	ments Corporatio		ustin, TX	_ ~		
Please check the appropriate	assignee category or category				Corporation or other private g	group entity Government
4a. The following fee(s) are enclosed:			4b. Payment of Fee(s):			
Issue Fee	-d\	☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies 10			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501505/5150-45700 (enclose an extra copy of this form).			
	MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applican	t is no longer claiming SMA	ALL ENTITY status. See 37	CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and Puinterest as shown by the reco	iblication Fee (if required)	will not be accepted	a irom anyone o	or to re-apply any previous ther than the applicant; a re-	sly paid issue fee to the appli gistered attorney or agent; or	ication identified above. the assignee or other party in
Authorized Signature	CK	<u>ん</u>		Date	1/18/2005	
	Jeffrey C. Ho				n No. 35, 198	
an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	ty is governed by 35 U.S.C. plication form to the USP1 for reducing this burden, s inia 22313-1450. DO NOT 1450.	TO. Time will vary hould be sent to the SEND FEES OR	depending upo de Chief Informa COMPLETED I	tion Officer, U.S. Patent an FORMS TO THIS ADDRES	comments on the amount of d Trademark Office, U.S. D	and by the USPTO to process ding gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450,